

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U **10597**

2 Fiscal Year Covered From

**1** / **1** / **2004** Through **12** / **31** / **2004**

3 Name and address of person filing

Name **Dean** ☐ **Todd**

P O Box Bldg Room No if any **P O Box 2500**

Street **297 N Marengo Avenue**

City **Pasadena**

State **California** ZIP Code + 4 **91102-2500**

4 Name file number and address of labor organization

Name **IBEW Local Union 11**

Labor Organization File Number **012-121**

P O Box Building and Room Number if any **P O Box 2500**

Street **297 N Marengo Avenue**

City **Pasadena**

State **California** ZIP Code + 4 **91102-2500**

5 Position in labor organization

**President**

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any)

Name **NECA Los Angeles County Chapter**

Trade Name if any **LA/NECA**

P O Box Bldg Room No if any **Suite 300**

Street **675 S Arroyo Parkway**

City **Pasadena**

State **California** ZIP Code + 4 **91105**

7 a Nature of Interest, Transaction or Income

Received on or about Dec 15th 2004 one (1) Xmas basket of misc fruit, candies, cookies and dried deli meats. And was distributed with office employees (approx 6 people). Best guess on value would be \$125.

7 b Amount

**\$125**

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Todd*

On

**08/14/2005**

Date

**323 517 9610**

Telephone Number

Name of Person Filing Dean Todd

File Number U

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name Southern California IBEW-NECA Trust Fund

Trade Name if any

P O Box Bldg Room No if any

Street 6023 S Garfield Avenue

City City of Commerce

State California ZIP Code + 4 90031

**11 a Nature of such dealing****11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received**

Reimbursement of cash Out of Pocket expenses  
Trustees meeting Bal Harbour FL 1/14/04 thru  
1/16/04 totaling \$12

**12 b Amount.**

\$12

**C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant  
(including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment****13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment.**